

[First Reprint]

ASSEMBLY, No. 4698

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED SEPTEMBER 21, 2020

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblywoman MILA M. JASEY

District 27 (Essex and Morris)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Co-Sponsored by:

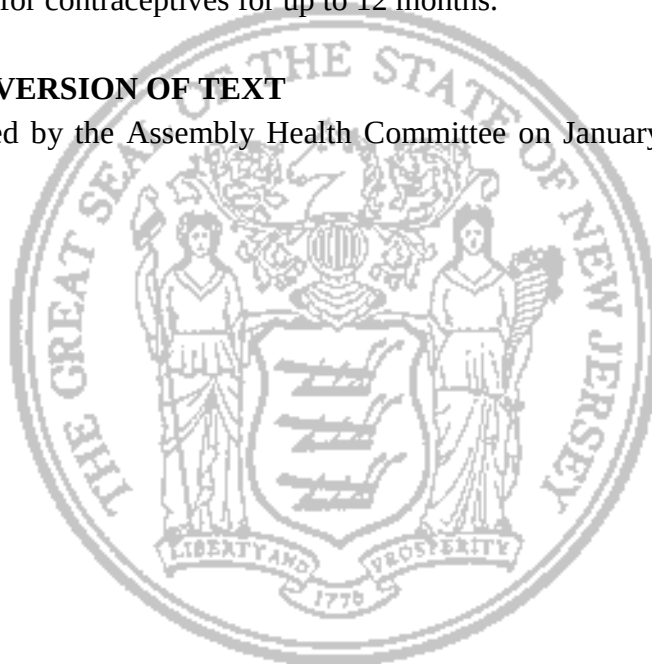
**Assemblyman Benson, Assemblywomen Reynolds-Jackson, Jimenez,
Downey, Lampitt and Assemblyman Calabrese**

SYNOPSIS

Expands requirements for health insurers and Medicaid program to cover prescriptions for contraceptives for up to 12 months.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee on January 3, 2022, with amendments.



(Sponsorship Updated As Of: 1/10/2022)

1 AN ACT concerning insurance and Medicaid program coverage for
2 prescribed contraceptives, amending P.L.2005, c.251, and
3 supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).
4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7

8 1. Section 1 of P.L.2005, c.251 (C.17:48-6ee) is amended to read
9 as follows:

10 1. a. A hospital service corporation that provides hospital or
11 medical expense benefits shall provide coverage under every contract
12 delivered, issued, executed or renewed in this State or approved for
13 issuance or renewal in this State by the Commissioner of Banking and
14 Insurance, on or after the effective date of this act, for expenses
15 incurred in the purchase of prescription female contraceptives, and the
16 following services, drugs, devices, products, and procedures on an in-
17 network basis:

18 (1) Any contraceptive drug, device or product approved by the
19 United States Food and Drug Administration, which coverage shall be
20 subject to all of the following conditions:

21 (a) If there is a therapeutic equivalent of a contraceptive drug,
22 device or product approved by the United States Food and Drug
23 Administration, coverage shall be provided for either the requested
24 contraceptive drug, device or product or for one or more therapeutic
25 equivalents of the requested drug, device or product.

26 (b) Coverage shall be provided without a prescription for all
27 contraceptive drugs available for over-the-counter sale that are
28 approved by the United States Food and Drug Administration.

29 (c) Coverage shall be provided without any infringement upon a
30 subscriber's choice of contraception and medical necessity shall be
31 determined by the provider for covered contraceptive drugs, devices or
32 other products approved by the United States Food and Drug
33 Administration.

34 (2) Voluntary male and female sterilization.

35 (3) Patient education and counseling on contraception.

36 (4) Services related to the administration and monitoring of drugs,
37 devices, products and services required under this section, including
38 but not limited to:

39 (a) Management of side effects;

40 (b) Counseling for continued adherence to a prescribed regimen;

41 (c) Device insertion and removal;

42 (d) Provision of alternative contraceptive drugs, devices or
43 products deemed medically appropriate in the judgment of the
44 subscriber's health care provider; and

45 (e) Diagnosis and treatment services provided pursuant to, or as a
46 follow-up to, a service required under this section.

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted January 3, 2022.

1 b. The coverage provided shall include prescriptions for
2 dispensing contraceptives for:

3 (1) ~~【a three-month period for the first dispensing of the~~
4 ~~contraceptive; and】 (Deleted by amendment, P.L. __, c. __)(pending~~
5 ~~before the Legislature as this bill)~~

6 (2) ~~up to a 【six-month】~~ ¹~~【12 month】 12-month~~ period ~~【for any~~
7 subsequent dispensing of the same contraceptive, regardless of
8 whether coverage under the contract was in effect at the time of the
9 first dispensing, except that an entity subject to this section may
10 provide coverage for a supply of contraceptives that is for less than a
11 six-month period, if a six-month period would extend beyond the term
12 of the contract~~】 at one time.~~

13 c. (1) Except as provided in paragraph (2) of this subsection, the
14 benefits shall be provided to the same extent as for any other service,
15 drug, device, product, or procedure under the contract, except no
16 deductible, coinsurance, copayment, or any other cost-sharing
17 requirement on the coverage shall be imposed.

18 (2) In the case of a high deductible health plan, benefits for male
19 sterilization or male contraceptives shall be provided at the lowest
20 deductible and other cost-sharing permitted for a high deductible
21 health plan under section 223(c)(2)(A) of the Internal Revenue Code
22 (26 U.S.C. s.223).

23 d. This section shall apply to those contracts in which the hospital
24 service corporation has reserved the right to change the premium.

25 e. Nothing in this section shall limit coverage of any additional
26 preventive service for women, as identified or recommended by the
27 United States Preventive Services Task Force or the Health Resources
28 and Services Administration of the United States Department of
29 Health and Human Services pursuant to the provisions of 42 U.S.C.
30 300gg-13.

31 (cf: P.L.2019, c.361, s.1)

32

33 2. Section 2 of P.L.2005, c.251 (C.17:48A-7bb) is amended to
34 read as follows:

35 2. a. A medical service corporation that provides hospital or
36 medical expense benefits shall provide coverage under every contract
37 delivered, issued, executed or renewed in this State or approved for
38 issuance or renewal in this State by the Commissioner of Banking and
39 Insurance, on or after the effective date of this act, for expenses
40 incurred in the purchase of prescription female contraceptives, and the
41 following services, drugs, devices, products, and procedures on an in-
42 network basis:

43 (1) Any contraceptive drug, device or product approved by the
44 United States Food and Drug Administration, which coverage shall be
45 subject to all of the following conditions:

46 (a) If there is a therapeutic equivalent of a contraceptive drug,
47 device or product approved by the United States Food and Drug
48 Administration, coverage shall be provided for either the requested

1 contraceptive drug, device or product or for one or more therapeutic
2 equivalents of the requested drug, device or product.

3 (b) Coverage shall be provided without a prescription for all
4 contraceptive drugs available for over-the-counter sale that are
5 approved by the United States Food and Drug Administration.

6 (c) Coverage shall be provided without any infringement upon a
7 subscriber's choice of contraception and medical necessity shall be
8 determined by the provider for covered contraceptive drugs, devices or
9 other products approved by the United States Food and Drug
10 Administration.

11 (2) Voluntary male and female sterilization.

12 (3) Patient education and counseling on contraception.

13 (4) Services related to the administration and monitoring of drugs,
14 devices, products and services required under this section, including
15 but not limited to:

16 (a) Management of side effects;

17 (b) Counseling for continued adherence to a prescribed regimen;

18 (c) Device insertion and removal;

19 (d) Provision of alternative contraceptive drugs, devices or
20 products deemed medically appropriate in the judgment of the
21 subscriber's health care provider; and

22 (e) Diagnosis and treatment services provided pursuant to, or as a
23 follow-up to, a service required under this section.

24 b. The coverage provided shall include prescriptions for
25 dispensing contraceptives for:

26 (1) **【a three-month period for the first dispensing of the**
27 **contraceptive; and】** ~~(Deleted by amendment, P.L. , c.)(pending~~
28 ~~before the Legislature as this bill)~~

29 (2) up to a 【six-month】¹【12 month】 12-month¹ period 【for any
30 subsequent dispensing of the same contraceptive, regardless of
31 whether coverage under the contract was in effect at the time of the
32 first dispensing, except that an entity subject to this section may
33 provide coverage for a supply of contraceptives that is for less than a
34 six-month period, if a six-month period would extend beyond the term
35 of the contract】 at one time.

36 c. (1) Except as provided in paragraph (2) of this subsection, the
37 benefits shall be provided to the same extent as for any other service,
38 drug, device, product, or procedure under the contract, except no
39 deductible, coinsurance, copayment, or any other cost-sharing
40 requirement on the coverage shall be imposed.

41 (2) In the case of a high deductible health plan, benefits for male
42 sterilization or male contraceptives shall be provided at the lowest
43 deductible and other cost-sharing permitted for a high deductible
44 health plan under section 223(c)(2)(A) of the Internal Revenue Code
45 (26 U.S.C. s.223).

46 d. This section shall apply to those contracts in which the medical
47 service corporation has reserved the right to change the premium.

1 e. Nothing in this section shall limit coverage of any additional
2 preventive service for women, as identified or recommended by the
3 United States Preventive Services Task Force or the Health Resources
4 and Services Administration of the United States Department of
5 Health and Human Services pursuant to the provisions of 42 U.S.C.
6 300gg-13.
7 (cf: P.L.2019, c.361, s.2)

8
9 3. Section 3 of P.L.2005, c.251 (C.17:48E-35.29) is amended to
10 read as follows:

11 3. a. A health service corporation that provides hospital or
12 medical expense benefits shall provide coverage under every contract
13 delivered, issued, executed or renewed in this State or approved for
14 issuance or renewal in this State by the Commissioner of Banking and
15 Insurance, on or after the effective date of this act, for expenses
16 incurred in the purchase of prescription female contraceptives, and the
17 following services, drugs, devices, products, and procedures on an in-
18 network basis:

19 (1) Any contraceptive drug, device or product approved by the
20 United States Food and Drug Administration, which coverage shall be
21 subject to all of the following conditions:

22 (a) If there is a therapeutic equivalent of a contraceptive drug,
23 device or product approved by the United States Food and Drug
24 Administration, coverage shall be provided for either the requested
25 contraceptive drug, device or product or for one or more therapeutic
26 equivalents of the requested drug, device or product.

27 (b) Coverage shall be provided without a prescription for all
28 contraceptive drugs available for over-the-counter sale that are
29 approved by the United States Food and Drug Administration.

30 (c) Coverage shall be provided without any infringement upon a
31 subscriber's choice of contraception and medical necessity shall be
32 determined by the provider for covered contraceptive drugs, devices or
33 other products approved by the United States Food and Drug
34 Administration.

35 (2) Voluntary male and female sterilization.

36 (3) Patient education and counseling on contraception.

37 (4) Services related to the administration and monitoring of drugs,
38 devices, products and services required under this section, including
39 but not limited to:

40 (a) Management of side effects;

41 (b) Counseling for continued adherence to a prescribed regimen;

42 (c) Device insertion and removal;

43 (d) Provision of alternative contraceptive drugs, devices or
44 products deemed medically appropriate in the judgment of the
45 subscriber's health care provider; and

46 (e) Diagnosis and treatment services provided pursuant to, or as a
47 follow-up to, a service required under this section.

1 b. The coverage provided shall include prescriptions for
2 dispensing contraceptives for:

3 (1) ~~【a three-month period for the first dispensing of the~~
4 ~~contraceptive; and】 (Deleted by amendment, P.L. , c.)(pending~~
5 ~~before the Legislature as this bill)~~

6 (2) ~~up to a 【six-month】~~ ¹~~【12 month】 12-month~~ period ~~【for any~~
7 subsequent dispensing of the same contraceptive, regardless of
8 whether coverage under the contract was in effect at the time of the
9 first dispensing, except that an entity subject to this section may
10 provide coverage for a supply of contraceptives that is for less than a
11 six-month period, if a six-month period would extend beyond the term
12 of the contract】 at one time.

13 c. (1) Except as provided in paragraph (2) of this subsection, the
14 benefits shall be provided to the same extent as for any other service,
15 drug, device, product, or procedure under the contract, except no
16 deductible, coinsurance, copayment, or any other cost-sharing
17 requirement on the coverage shall be imposed.

18 (2) In the case of a high deductible health plan, benefits for male
19 sterilization or male contraceptives shall be provided at the lowest
20 deductible and other cost-sharing permitted for a high deductible
21 health plan under section 223(c)(2)(A) of the Internal Revenue Code
22 (26 U.S.C. s.223).

23 d. This section shall apply to those contracts in which the health
24 service corporation has reserved the right to change the premium.

25 e. Nothing in this section shall limit coverage of any additional
26 preventive service for women, as identified or recommended by the
27 United States Preventive Services Task Force or the Health Resources
28 and Services Administration of the United States Department of
29 Health and Human Services pursuant to the provisions of 42 U.S.C.
30 300gg-13.

31 (cf: P.L.2019, c.361, s.3)

32
33 4. Section 4 of P.L.2005, c.251 (C.17B:27-46.1ee) is amended to
34 read as follows:

35 4. a. A group health insurer that provides hospital or medical
36 expense benefits shall provide coverage under every policy delivered,
37 issued, executed or renewed in this State or approved for issuance or
38 renewal in this State by the Commissioner of Banking and Insurance,
39 on or after the effective date of this act, for expenses incurred in the
40 purchase of prescription female contraceptives, and the following
41 services, drugs, devices, products, and procedures on an in-network
42 basis:

43 (1) Any contraceptive drug, device or product approved by the
44 United States Food and Drug Administration, which coverage shall be
45 subject to all of the following conditions:

46 (a) If there is a therapeutic equivalent of a contraceptive drug,
47 device or product approved by the United States Food and Drug
48 Administration, coverage shall be provided for either the requested

1 contraceptive drug, device or product or for one or more therapeutic
2 equivalents of the requested drug, device or product.

3 (b) Coverage shall be provided without a prescription for all
4 contraceptive drugs available for over-the-counter sale that are
5 approved by the United States Food and Drug Administration.

6 (c) Coverage shall be provided without any infringement upon a
7 subscriber's choice of contraception and medical necessity shall be
8 determined by the provider for covered contraceptive drugs, devices or
9 other products approved by the United States Food and Drug
10 Administration.

11 (2) Voluntary male and female sterilization.

12 (3) Patient education and counseling on contraception.

13 (4) Services related to the administration and monitoring of drugs,
14 devices, products and services required under this section, including
15 but not limited to:

16 (a) Management of side effects;

17 (b) Counseling for continued adherence to a prescribed regimen;

18 (c) Device insertion and removal;

19 (d) Provision of alternative contraceptive drugs, devices or
20 products deemed medically appropriate in the judgment of the
21 subscriber's health care provider; and

22 (e) Diagnosis and treatment services provided pursuant to, or as a
23 follow-up to, a service required under this section.

24 b. The coverage provided shall include prescriptions for
25 dispensing contraceptives for:

26 (1) **【a three-month period for the first dispensing of the**
27 **contraceptive; and】** (Deleted by amendment, P.L. , c.)(pending
28 before the Legislature as this bill)

29 (2) up to a 【six-month】¹【12 month】 12-month¹ period 【for any
30 subsequent dispensing of the same contraceptive, regardless of
31 whether coverage under the contract was in effect at the time of the
32 first dispensing, except that an entity subject to this section may
33 provide coverage for a supply of contraceptives that is for less than a
34 six-month period, if a six-month period would extend beyond the term
35 of the contract】 at one time.

36 c. (1) Except as provided in paragraph (2) of this subsection, the
37 benefits shall be provided to the same extent as for any other service,
38 drug, device, product, or procedure under the policy, except no
39 deductible, coinsurance, copayment, or any other cost-sharing
40 requirement on the coverage shall be imposed.

41 (2) In the case of a high deductible health plan, benefits for male
42 sterilization or male contraceptives shall be provided at the lowest
43 deductible and other cost-sharing permitted for a high deductible
44 health plan under section 223(c)(2)(A) of the Internal Revenue Code
45 (26 U.S.C. s.223).

46 d. This section shall apply to those policies in which the insurer
47 has reserved the right to change the premium.

1 e. Nothing in this section shall limit coverage of any additional
2 preventive service for women, as identified or recommended by the
3 United States Preventive Services Task Force or the Health Resources
4 and Services Administration of the United States Department of
5 Health and Human Services pursuant to the provisions of 42 U.S.C.
6 300gg-13.
7 (cf: P.L.2019, c.361, s.4)

8
9 5. Section 5 of P.L.2005, c.251 (C.17B:26-2.1y) is amended to
10 read as follows:

11 5. a. An individual health insurer that provides hospital or
12 medical expense benefits shall provide coverage under every policy
13 delivered, issued, executed or renewed in this State or approved for
14 issuance or renewal in this State by the Commissioner of Banking and
15 Insurance, on or after the effective date of this act, for expenses
16 incurred in the purchase of prescription female contraceptives, and the
17 following services, drugs, devices, products, and procedures on an in-
18 network basis:

19 (1) Any contraceptive drug, device or product approved by the
20 United States Food and Drug Administration, which coverage shall be
21 subject to all of the following conditions:

22 (a) If there is a therapeutic equivalent of a contraceptive drug,
23 device or product approved by the United States Food and Drug
24 Administration, coverage shall be provided for either the requested
25 contraceptive drug, device or product or for one or more therapeutic
26 equivalents of the requested drug, device or product.

27 (b) Coverage shall be provided without a prescription for all
28 contraceptive drugs available for over-the-counter sale that are
29 approved by the United States Food and Drug Administration.

30 (c) Coverage shall be provided without any infringement upon a
31 subscriber's choice of contraception and medical necessity shall be
32 determined by the provider for covered contraceptive drugs, devices or
33 other products approved by the United States Food and Drug
34 Administration.

35 (2) Voluntary male and female sterilization.

36 (3) Patient education and counseling on contraception.

37 (4) Services related to the administration and monitoring of drugs,
38 devices, products and services required under this section, including
39 but not limited to:

40 (a) Management of side effects;

41 (b) Counseling for continued adherence to a prescribed regimen;

42 (c) Device insertion and removal;

43 (d) Provision of alternative contraceptive drugs, devices or
44 products deemed medically appropriate in the judgment of the
45 subscriber's health care provider; and

46 (e) Diagnosis and treatment services provided pursuant to, or as a
47 follow-up to, a service required under this section.

1 b. The coverage provided shall include prescriptions for
2 dispensing contraceptives for:

3 (1) ~~【a three-month period for the first dispensing of the~~
4 ~~contraceptive; and】 (Deleted by amendment, P.L. __, c. __)(pending~~
5 ~~before the Legislature as this bill)~~

6 (2) ~~up to a 【six-month】~~ ¹~~【12 month】 12-month~~ period ~~【for any~~
7 ~~subsequent dispensing of the same contraceptive, regardless of~~
8 ~~whether coverage under the contract was in effect at the time of the~~
9 ~~first dispensing, except that an entity subject to this section may~~
10 ~~provide coverage for a supply of contraceptives that is for less than a~~
11 ~~six-month period, if a six-month period would extend beyond the term~~
12 ~~of the contract】 at one time.~~

13 c. (1) Except as provided in paragraph (2) of this subsection, the
14 benefits shall be provided to the same extent as for any other service,
15 drug, device, product, or procedure under the policy, except no
16 deductible, coinsurance, copayment, or any other cost-sharing
17 requirement on the coverage shall be imposed.

18 (2) In the case of a high deductible health plan, benefits for male
19 sterilization or male contraceptives shall be provided at the lowest
20 deductible and other cost-sharing permitted for a high deductible
21 health plan under section 223(c)(2)(A) of the Internal Revenue Code
22 (26 U.S.C. s.223).

23 d. This section shall apply to those policies in which the insurer
24 has reserved the right to change the premium.

25 e. Nothing in this section shall limit coverage of any additional
26 preventive service for women, as identified or recommended by the
27 United States Preventive Services Task Force or the Health Resources
28 and Services Administration of the United States Department of
29 Health and Human Services pursuant to the provisions of 42 U.S.C.
30 300gg-13.

31 (cf: P.L.2019, c.361, s.5)

32

33 6. Section 6 of P.L.2005, c.251 (C.26:2J-4.30) is amended to read
34 as follows:

35 6. a. A certificate of authority to establish and operate a health
36 maintenance organization in this State shall not be issued or continued
37 on or after the effective date of this act for a health maintenance
38 organization, unless the health maintenance organization provides
39 health care services for prescription female contraceptives, and the
40 following services, drugs, devices, products, and procedures on an in-
41 network basis:

42 (1) Any contraceptive drug, device or product approved by the
43 United States Food and Drug Administration, which coverage shall be
44 subject to all of the following conditions:

45 (a) If there is a therapeutic equivalent of a contraceptive drug,
46 device or product approved by the United States Food and Drug
47 Administration, coverage shall be provided for either the requested

1 contraceptive drug, device or product or for one or more therapeutic
2 equivalents of the requested drug, device or product.

3 (b) Coverage shall be provided without a prescription for all
4 contraceptive drugs available for over-the-counter sale that are
5 approved by the United States Food and Drug Administration.

6 (c) Coverage shall be provided without any infringement upon a
7 subscriber's choice of contraception and medical necessity shall be
8 determined by the provider for covered contraceptive drugs, devices or
9 other products approved by the United States Food and Drug
10 Administration.

11 (2) Voluntary male and female sterilization.

12 (3) Patient education and counseling on contraception.

13 (4) Services related to the administration and monitoring of drugs,
14 devices, products and services required under this section, including
15 but not limited to:

16 (a) Management of side effects;

17 (b) Counseling for continued adherence to a prescribed regimen;

18 (c) Device insertion and removal;

19 (d) Provision of alternative contraceptive drugs, devices or
20 products deemed medically appropriate in the judgment of the
21 subscriber's health care provider; and

22 (e) Diagnosis and treatment services provided pursuant to, or as a
23 follow-up to, a service required under this section.

24 b. The coverage provided shall include prescriptions for
25 dispensing contraceptives for:

26 (1) **[a three-month period for the first dispensing of the**
27 **contraceptive; and]** (Deleted by amendment, P.L. , c.)(pending
28 before the Legislature as this bill)

29 (2) up to a [six-month] '12 month] 12-month' period **[for any**
30 **subsequent dispensing of the same contraceptive, regardless of**
31 **whether coverage under the contract was in effect at the time of the**
32 **first dispensing, except that an entity subject to this section may**
33 **provide coverage for a supply of contraceptives that is for less than a**
34 **six-month period, if a six-month period would extend beyond the term**
35 **of the contract]** at one time.

36 c. (1) Except as provided in paragraph (2) of this subsection, the
37 health care services shall be provided to the same extent as for any
38 other service, drug, device, product, or procedure under the contract,
39 except no deductible, coinsurance, copayment, or any other cost-
40 sharing requirement on the coverage shall be imposed.

41 (2) In the case of a high deductible health plan, benefits for male
42 sterilization or male contraceptives shall be provided at the lowest
43 deductible and other cost-sharing permitted for a high deductible
44 health plan under section 223(c)(2)(A) of the Internal Revenue Code
45 (26 U.S.C. s.223).

1 d. The provisions of this section shall apply to those contracts for
2 health care services by health maintenance organizations under which
3 the right to change the schedule of charges for enrollee coverage is
4 reserved.

5 e. Nothing in this section shall limit coverage of any additional
6 preventive service for women, as identified or recommended by the
7 United States Preventive Services Task Force or the Health Resources
8 and Services Administration of the United States Department of
9 Health and Human Services pursuant to the provisions of 42 U.S.C.
10 300gg-13.

11 (cf: P.L.2019, c.361, s.6)

12
13 7. Section 7 of P.L.2005, c.251 (C.17B:27A-7.12) is amended to
14 read as follows:

15 7. a. An individual health benefits plan required pursuant to
16 section 3 of P.L.1992, c.161 (C.17B:27A-4) shall provide coverage for
17 expenses incurred in the purchase of prescription female
18 contraceptives, and the following services, drugs, devices, products,
19 and procedures on an in-network basis:

20 (1) Any contraceptive drug, device or product approved by the
21 United States Food and Drug Administration, which coverage shall be
22 subject to all of the following conditions:

23 (a) If there is a therapeutic equivalent of a contraceptive drug,
24 device or product approved by the United States Food and Drug
25 Administration, coverage shall be provided for either the requested
26 contraceptive drug, device or product or for one or more therapeutic
27 equivalents of the requested drug, device or product.

28 (b) Coverage shall be provided without a prescription for all
29 contraceptive drugs available for over-the-counter sale that are
30 approved by the United States Food and Drug Administration.

31 (c) Coverage shall be provided without any infringement upon a
32 subscriber's choice of contraception and medical necessity shall be
33 determined by the provider for covered contraceptive drugs, devices or
34 other products approved by the United States Food and Drug
35 Administration.

36 (2) Voluntary male and female sterilization.

37 (3) Patient education and counseling on contraception.

38 (4) Services related to the administration and monitoring of drugs,
39 devices, products and services required under this section, including
40 but not limited to:

41 (a) Management of side effects;

42 (b) Counseling for continued adherence to a prescribed regimen;

43 (c) Device insertion and removal;

44 (d) Provision of alternative contraceptive drugs, devices or
45 products deemed medically appropriate in the judgment of the
46 subscriber's health care provider; and

47 (e) Diagnosis and treatment services provided pursuant to, or as a
48 follow-up to, a service required under this section.

1 b. The coverage provided shall include prescriptions for
2 dispensing contraceptives for:

3 (1) ~~【a three-month period for the first dispensing of the~~
4 ~~contraceptive; and】 (Deleted by amendment, P.L. __, c. __)(pending~~
5 ~~before the Legislature as this bill)~~

6 (2) ~~up to a 【six-month】~~ ¹~~【12 month】 12-month~~ period ~~【for any~~
7 subsequent dispensing of the same contraceptive, regardless of
8 whether coverage under the contract was in effect at the time of the
9 first dispensing, except that an entity subject to this section may
10 provide coverage for a supply of contraceptives that is for less than a
11 six-month period, if a six-month period would extend beyond the term
12 of the contract】 at one time.

13 c. (1) Except as provided in paragraph (2) of this subsection, the
14 benefits shall be provided to the same extent as for any other service,
15 drug, device, product, or procedure under the health benefits plan,
16 except no deductible, coinsurance, copayment, or any other cost-
17 sharing requirement on the coverage shall be imposed.

18 (2) In the case of a high deductible health plan, benefits for male
19 sterilization or male contraceptives shall be provided at the lowest
20 deductible and other cost-sharing permitted for a high deductible
21 health plan under section 223(c)(2)(A) of the Internal Revenue Code
22 (26 U.S.C. s.223).

23 d. This section shall apply to all individual health benefits plans
24 in which the carrier has reserved the right to change the premium.

25 e. Nothing in this section shall limit coverage of any additional
26 preventive service for women, as identified or recommended by the
27 United States Preventive Services Task Force or the Health Resources
28 and Services Administration of the United States Department of
29 Health and Human Services pursuant to the provisions of 42 U.S.C.
30 300gg-13.

31 (cf: P.L.2019, c.361, s.7)

32
33 8. Section 8 of P.L.2005, c.251 (C.17B:27A-19.15) is amended to
34 read as follows:

35 8. a. A small employer health benefits plan required pursuant to
36 section 3 of P.L.1992, c.162 (C.17B:27A-19) shall provide coverage
37 for expenses incurred in the purchase of prescription female
38 contraceptives, and the following services, drugs, devices, products,
39 and procedures on an in-network basis:

40 (1) Any contraceptive drug, device or product approved by the
41 United States Food and Drug Administration, which coverage shall be
42 subject to all of the following conditions:

43 (a) If there is a therapeutic equivalent of a contraceptive drug,
44 device or product approved by the United States Food and Drug
45 Administration, coverage shall be provided for either the requested
46 contraceptive drug, device or product or for one or more therapeutic
47 equivalents of the requested drug, device or product.

- 1 (b) Coverage shall be provided without a prescription for all
- 2 contraceptive drugs available for over-the-counter sale that are
- 3 approved by the United States Food and Drug Administration.
- 4 (c) Coverage shall be provided without any infringement upon a
- 5 subscriber's choice of contraception and medical necessity shall be
- 6 determined by the provider for covered contraceptive drugs, devices or
- 7 other products approved by the United States Food and Drug
- 8 Administration.
- 9 (2) Voluntary male and female sterilization.
- 10 (3) Patient education and counseling on contraception.
- 11 (4) Services related to the administration and monitoring of drugs,
- 12 devices, products and services required under this section, including
- 13 but not limited to:
- 14 (a) Management of side effects;
- 15 (b) Counseling for continued adherence to a prescribed regimen;
- 16 (c) Device insertion and removal;
- 17 (d) Provision of alternative contraceptive drugs, devices or
- 18 products deemed medically appropriate in the judgment of the
- 19 subscriber's health care provider; and
- 20 (e) Diagnosis and treatment services provided pursuant to, or as a
- 21 follow-up to, a service required under this section.
- 22 b. The coverage provided shall include prescriptions for
- 23 dispensing contraceptives for:
- 24 (1) ~~【a three-month period for the first dispensing of the~~
- 25 ~~contraceptive; and】 (Deleted by amendment, P.L. , c.)(pending~~
- 26 ~~before the Legislature as this bill)~~
- 27 (2) up to a 【six-month】 ¹【12 month】 12-month¹ period ~~【for any~~
- 28 ~~subsequent dispensing of the same contraceptive, regardless of~~
- 29 ~~whether coverage under the contract was in effect at the time of the~~
- 30 ~~first dispensing, except that an entity subject to this section may~~
- 31 ~~provide coverage for a supply of contraceptives that is for less than a~~
- 32 ~~six-month period, if a six-month period would extend beyond the term~~
- 33 ~~of the contract】 at one time.~~
- 34 c. (1) Except as provided in paragraph (2) of this subsection, the
- 35 benefits shall be provided to the same extent as for any other service,
- 36 drug, device, product, or procedure under the health benefits plan,
- 37 except no deductible, coinsurance, copayment, or any other cost-
- 38 sharing requirement on the coverage shall be imposed.
- 39 (2) In the case of a high deductible health plan, benefits for male
- 40 sterilization or male contraceptives shall be provided at the lowest
- 41 deductible and other cost-sharing permitted for a high deductible
- 42 health plan under section 223(c)(2)(A) of the Internal Revenue Code
- 43 (26 U.S.C. s.223).
- 44 d. This section shall apply to all small employer health benefits
- 45 plans in which the carrier has reserved the right to change the
- 46 premium.
- 47 e. Nothing in this section shall limit coverage of any additional
- 48 preventive service for women, as identified or recommended by the

1 United States Preventive Services Task Force or the Health Resources
2 and Services Administration of the United States Department of
3 Health and Human Services pursuant to the provisions of 42 U.S.C.
4 300gg-13.

5 (cf: P.L.2019, c.361, s.8)

6

7 9. Section 9 of P.L.2005, c.251 (C.17:48F-13.2) is amended to
8 read as follows:

9 9. a. A prepaid prescription service organization shall provide
10 coverage under every contract delivered, issued, executed or renewed
11 in this State or approved for issuance or renewal in this State by the
12 Commissioner of Banking and Insurance, on or after the effective date
13 of this act, for expenses incurred in the purchase of prescription female
14 contraceptives, and the services, drugs, devices, products, and
15 procedures on an in-network basis as determined to be required to be
16 covered by the commissioner pursuant to subsection b. of this section.

17 b. The Commissioner of Banking and Insurance shall determine,
18 in the commissioner's discretion, which provisions of the coverage
19 requirements applicable to insurers pursuant to P.L.2019, c.361 shall
20 apply to prepaid prescription organizations, and shall adopt regulations
21 in accordance with the commissioner's determination.

22 c. The coverage provided shall include prescriptions for
23 dispensing contraceptives for:

24 (1) ~~【a three-month period for the first dispensing of the~~
25 ~~contraceptive; and】~~ ~~(Deleted by amendment, P.L. , c.)(pending~~
26 ~~before the Legislature as this bill)~~

27 (2) ~~up to a 【six-month】~~ ¹~~【12 month】 12-month~~ period ~~【for any~~
28 ~~subsequent dispensing of the same contraceptive, regardless of~~
29 ~~whether coverage under the contract was in effect at the time of the~~
30 ~~first dispensing, except that an entity subject to this section may~~
31 ~~provide coverage for a supply of contraceptives that is for less than a~~
32 ~~six-month period, if a six-month period would extend beyond the term~~
33 ~~of the contract】 at one time.~~

34 d. (1) Except as provided in paragraph (2) of this subsection, the
35 benefits shall be provided to the same extent as for any other service,
36 drug, device, product, or procedure under the contract, except no
37 deductible, coinsurance, copayment, or any other cost-sharing
38 requirement on the coverage shall be imposed.

39 (2) In the case of a high deductible health plan, benefits for male
40 sterilization or male contraceptives shall be provided at the lowest
41 deductible and other cost-sharing permitted for a high deductible
42 health plan under section 223(c)(2)(A) of the Internal Revenue Code
43 (26 U.S.C. s.223).

44 e. This section shall apply to those prepaid prescription contracts
45 in which the prepaid prescription service organization has reserved the
46 right to change the premium.

47 f. Nothing in this section shall limit coverage of any additional
48 preventive service for women, as identified or recommended by the

1 United States Preventive Services Task Force or the Health Resources
2 and Services Administration of the United States Department of
3 Health and Human Services pursuant to the provisions of 42 U.S.C.
4 300gg-13.
5 (cf: P.L.2019, c.361, s.9)
6
7

8 10. Section 10 of P.L.2005, c.251 (C.52:14-17.29j) is amended to
9 read as follows:

10 10. a. The State Health Benefits Commission shall ensure that
11 every contract purchased by the commission on or after the effective
12 date of this act shall provide benefits for expenses incurred in the
13 purchase of prescription female contraceptives, and the following
14 services, drugs, devices, products, and procedures on an in-network
15 basis:

16 (1) Any contraceptive drug, device or product approved by the
17 United States Food and Drug Administration, which coverage shall be
18 subject to all of the following conditions:

19 (a) If there is a therapeutic equivalent of a contraceptive drug,
20 device or product approved by the United States Food and Drug
21 Administration, coverage shall be provided for either the requested
22 contraceptive drug, device or product or for one or more therapeutic
23 equivalents of the requested drug, device or product.

24 (b) Coverage shall be provided without a prescription for all
25 contraceptive drugs available for over-the-counter sale that are
26 approved by the United States Food and Drug Administration.

27 (c) Coverage shall be provided without any infringement upon a
28 subscriber's choice of contraception and medical necessity shall be
29 determined by the provider for covered contraceptive drugs, devices or
30 other products approved by the United States Food and Drug
31 Administration.

32 (2) Voluntary male and female sterilization.

33 (3) Patient education and counseling on contraception.

34 (4) Services related to the administration and monitoring of drugs,
35 devices, products and services required under this section, including
36 but not limited to:

37 (a) Management of side effects;

38 (b) Counseling for continued adherence to a prescribed regimen;

39 (c) Device insertion and removal;

40 (d) Provision of alternative contraceptive drugs, devices or
41 products deemed medically appropriate in the judgment of the
42 subscriber's health care provider; and

43 (e) Diagnosis and treatment services provided pursuant to, or as a
44 follow-up to, a service required under this section.

45 b. The coverage provided shall include prescriptions for
46 dispensing contraceptives for:

1 (1) **【a three-month period for the first dispensing of the**
2 **contraceptive; and】** ~~(Deleted by amendment, P.L. , c.)(pending~~
3 ~~before the Legislature as this bill)~~

4 (2) up to a **【six-month】** ¹**【12 month】** 12-month¹ period **【for any**
5 subsequent dispensing of the same contraceptive, regardless of
6 whether coverage under the contract was in effect at the time of the
7 first dispensing, except that an entity subject to this section may
8 provide coverage for a supply of contraceptives that is for less than a
9 six-month period, if a six-month period would extend beyond the term
10 of the contract**】 at one time.**

11 c. (1) Except as provided in paragraph (2) of this subsection, the
12 contract shall specify that no deductible, coinsurance, copayment, or
13 any other cost-sharing requirement may be imposed on the coverage
14 required pursuant to this section.

15 (2) In the case of a high deductible health plan, benefits for male
16 sterilization or male contraceptives shall be provided at the lowest
17 deductible and other cost-sharing permitted for a high deductible
18 health plan under section 223(c)(2)(A) of the Internal Revenue Code
19 (26 U.S.C. s.223).

20 d. Nothing in this section shall limit coverage of any additional
21 preventive service for women, as identified or recommended by the
22 United States Preventive Services Task Force or the Health Resources
23 and Services Administration of the United States Department of
24 Health and Human Services pursuant to the provisions of 42 U.S.C.
25 300gg-13.

26 (cf: P.L.2019, c.361, s.10)

27
28 11. (New Section) Coverage for family planning services
29 under the State Medicaid program shall include prescriptions for
30 dispensing contraceptives for up to a 12-month period at one time.
31 The Commissioner of Human Services shall apply for such State
32 plan amendments or waivers as may be necessary to implement the
33 provisions of this section and to secure federal financial
34 participation for State Medicare expenditures under the federal
35 Medicaid program.

36
37 12. This act shall take effect on the 90th day next following
38 enactment and shall apply to policies and contracts delivered, issued,
39 executed or renewed on or after ¹**【the effective date of this act】**
40 January 1, 2023¹ .